

## **CHAPTER 5. QUALITY MANAGEMENT**

### **5.1. Quality Management and Improvement Overview**

ADHS/OCSHCN recognizes the need to support the development of effective quality assessment and improvement initiatives into its programs. Contractors must develop a systematic process for continuous monitoring of the quality of child and family services. This chapter provides guidelines for the development and ongoing implementation of continuous quality management and improvement.

Quality improvement strategies include the following:

- \* Recruitment of competent professionals;
- \* Intensive orientation and training for new employees;
- \* Mentoring of new staff;
- \* Individual reflective supervision/mentoring sessions held regularly;
- \* Program and personal self-assessment;
- \* Regular review of compliance with all relevant policies and procedures; and
- \* Family Satisfaction Surveys.

Quality improvement is an ongoing process to monitor and improve services. The process is summarized in a Ten Step Model (adaptation) and describes the responsibilities of the Family Resource Coordination Program Administrator and/or Supervisor:

1. Take or assign responsibility for activities;
2. Delineate scope of care or services;
3. Identify criteria and indicators for review;
4. Establish thresholds for evaluation and implement;
5. Data collection;
6. Review actions/analyze of data and reports;
7. Evaluate care or services and assess prior interventions;
8. Plan and implement change as necessary;
9. Assess effectiveness and document improvement; and
10. Communicate or establish a feedback system for communication about trend, interventions and evaluations.

#### **5.1.1 Contractor Responsibilities**

The Contract Administrator shall have responsibility for program oversight, continuity and recovery strategies, monitoring of compliance with program requirements, quality improvement, and program development.

### **5.2 Business Continuity and Recovery**

- A. The Contractor shall develop a Business Continuity and Recovery Plan to deal with unexpected events that may affect its ability to adequately serve members. This plan shall, at a minimum, include planning and training for:
  1. Healthcare facility closure/loss of a major provider
  2. Electronic/telephonic failure at main place of business
  3. Complete loss of use of the main site
  4. Loss of the primary computer system/records

5. How the Contractor shall communicate with ADHS/OCSHCNTBI/SCI in the event of a business disruption
- B. The Business Continuity and Recovery Plan shall be reviewed and tested annually and updated as needed. All Family Resource Coordination staff shall be trained and familiar with the plan annually.
- C. The Contractor shall submit to ADHS/OCSHCN a FRC Staff Business Continuity and Recovery Plan Training Log 90 days following award of the contract and within 30 days of the start of each new contract term.
- D. The Contractor shall submit a copy of the Business Continuity and Recovery Plan and updates to the plan within 30 days of the award of the contract, within 30 days of the start of each new contract term, and within 30 days of whenever there is a change to the plan.

### **5.3 Annual Plan**

The ongoing quality management and improvement process is documented in the Annual Quality Management Plan. The annual plan must be submitted by October 31<sup>st</sup> of each contract term, and shall include, at a minimum, two indicators of quality improvement. The plan and related action steps must be available for review during the annual compliance site review (see format at end of this Chapter). The format for the annual plan may be consistent with the contractor's requirements but should include the following components:

- Mission
- Scope of Care
- Goals
- Data Collection
- Review and Analysis
- Planning and Implementation
- Assessment of Effectiveness
- Feedback System
- Quality Improvement Indicators
- Responsibility

#### **5.3.1 Summary of Continuous Quality Improvement**

A Summary of Contractor Accomplishments, Issues/Concerns and Goals for the next six months shall be submitted by January 1<sup>st</sup> of each contract term. This summary shall report on the contractor's progress in meeting continuous quality improvement goals, as described in the Annual Plan.

### **5.4 Site Review Process**

#### **A. Compliance Site Review**

The purpose of the Compliance Site Review process is to establish a mechanism for the evaluation and monitoring of contracts executed by ADHS/OCSHCN to ensure that services are delivered pursuant to the terms and conditions of the contract, applicable statutes, rules and other policies applicable or made part of the contract.

The ADHS/OCSHCN TBI/SCI/CYSHCN Program Manager will utilize reflective practice to determine compliance in:

- Identification of family desired objectives
- Family-centered support
- Reporting
- Finance
- Staff
- Services to members
- Administrative functions
- Deliverables

The Site Review Compliance Report provides a structured framework for reviewing and assessing the Contractor' s compliance with TBI/SCI/CYSHCN Family Resource Coordination Standards and Contract Requirements.

1. The Site Review Compliance Report identifies the performance standards for the contractor and is tied to Contract Requirements and Program Standards.
2. The site reviewer(s) gather data, reviews documents, and conducts interviews with Family Resource Coordinators and Contract Administrators and Supervisors to assess whether performance standards have been met.
3. Prior to the start of the reviews, the reviewer(s) will notify the contractor of the review date and materials needed for the review.
4. It is possible to use several different resources, documents, or methods to gather information about the contractor' s program. These sources allow for a variety of means for the reviewer(s) to gather evidence to support findings and conclusions.
5. The performance standard will cue and guide the reviewer(s) about what types of questions to ask the contractor and what things to look for in reviewing documents or other types of descriptive data and information that supports the standard.
6. The reviewer(s) will document areas for follow-up with the contractor during the site visit.
7. The contractor is given one score for each standard, based on the findings and conclusions of the ADHS/OCSHCN TBI/SCI/CYSHCN reviewer/or review team: C =Compliant N = Noncompliance. Areas above the standards may be highlighted as strengths and areas of non-compliance will be documented so that the contractor can prepare action plans for resolving problem areas.
8. Collection of data and descriptions of process will support the findings and conclusions and will provide the site review team with information to identify program strengths and opportunities for improvement.

#### B. Technical Assistance Site Review

This process is intended to be one that promotes learning and improvement over time. During the Technical Assistance Site Review process the ADHS/OCSHCN TBI/SCI/CYSHCN Program Managers shall provide training and technical assistance to the contracted provider engage in dialogue to identify public health concerns, and review the demographic profile of the area.

The Technical Assistance Site Review Report provides a structured framework for reviewing and assessing the Contractor' s progress, program strengths and compliance with TBI/SCI/CYSHCN Family Resource Coordination Standards and Contract Requirements.

C. ADHS/OCSHCN TBI/SCI/CYSHCN Program Responsibilities:

1. Conduct one Compliance Site Review and Technical Assistance Site Review each contract year.
2. Schedule the site reviews with contractors a minimum of five (5) days in advance of the review.
3. Prepare and provide contractors with a Site Review Compliance Report.
4. Prepare and provide contractors with a Technical Assistance Site Review Report.
5. Provide contractors with a draft agenda and a list of member files that must be available for the compliance review.
6. Conduct the on-site review, which will include compliance with appropriate standards of practice.
7. Interview administrators, staff, members, family members and others as appropriate.
8. Provide feedback to contractors during the on-site review exit conference.
9. Provide the opportunity for contractors to discuss program strengths, issues, and concerns.
10. Provide training or technical assistance.
11. Provide contractors with a draft copy of the completed site review reports.
12. Provide contractors with the opportunity to review and respond to the draft copy of the Site Review Report. Contractors will be given seven (7) days to respond to the report.
13. Prepare the final Site Review Report within 45 days of receipt of contractors' comments. The original final report shall be provided to contractors and a copy will be maintained in the contractors' file.
14. Review contractors' written plan of correction (if applicable) and notify contractors of acceptance or revision.
15. Monitor contractors' progress and provide technical assistance in support of the plan.

D. Contractor Responsibilities

1. Cooperate with the ADHS/OCSHCN TBI/SCI/CYSHCN Family Resource Coordination Program contract monitoring process by making information and records available and by allowing interviews and inspection of the facility and files.
2. Notify the ADHS/OCSHCN site reviewer regarding any desired training or technical assistance that will be required during the on-site visit.
3. Require the attendance of staff directly responsible for the contract.
4. Make space available for the meeting and review of records and files.
5. Have the following materials available for review at the site: personnel records, member files, personnel education logs, and CQI records.
6. Identify Contractor strengths, concerns and education/technical assistance needs during the site visit.
7. Respond to the draft copy of the site review report within seven (7) days of receipt.
8. Prepare and submit to the ADHS/OCSHCN TBI/SCI/CYSHCN Family Resource Coordination program a written plan of corrective action, if required, within 14 days of receipt of final Site Review Report.